

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### RN/LPN RETAKE APPLICATION FOR LICENSURE BY EXAMINATION

(Please allow 7 to 10 business days for processing.)

#### APPLICANT INFORMATION: (required)

<b>Name of Applicant:</b>	<input type="text"/>		
<b>Application ID# Number:</b> (if applicable)	<input type="text"/>		
<b>Date of Birth:</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			<b>Are you requesting an exam modification?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

If you have requested modifications for past exams, you must re-apply. You will not be made eligible until the modifications have been approved or denied.

#### REQUIRED PAYMENT INFORMATION:

**Check the appropriate box:** ☐ \$15.00 Registered Nurse (RN) ☐ \$15.00 Licensed Practical Nurse (LPN)

**Applicants who have previously taken the NCLEX exam through Wisconsin and are re-applying for admission to the NCLEX exam must:**

- Register for the exam online at <http://www.vue.com>.  
Note: You are encouraged to register for the NCLEX and submit the required DSPS retake (**Form #1055**) at the same time.
- Mail completed (**Form #1055**) with check or money order to the above address or fax payment with the completed credit card payment information listed below.

**If you are submitting payment by check/money order, do not complete the information below this point.**

<b>Cardholder's Email Address:</b>	<input type="text"/>		
<b>Cardholder's Daytime Phone Number:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Cardholder's Address:</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Street	City	State	Zip Code
<b>Credit Card Number:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Expiration Date:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



3-digit security code



4-digit security code

**Security Code:**

I UNDERSTAND BY SIGING BELOW, I AUTHORIZE THE STATE OF WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES TO CHARGE MY CREDIT CARD FOR THE ABOVE AMOUNT.

**Total Amount to Charge: \$15.00 Examination Fee**

**Please Note:** For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

**Cardholder's Signature:**

DSPS uses Right Fax to ensure safe and secure transmission of your payment information.

**For Receipting Purposes (30/31)**